

## PART B—ISSUE FEE TRANSMITTAL

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Washington, D.C. 20231

MAY 25 1999

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Amy Salasche

(Depositor's name)

*Amy Salasche*

(Signature)

5/21/99

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/379,872	01/27/95	014	GOLDBERG, J	02/23/99
First Named Applicant <b>FLACK,</b> 35 USC 154(b) term ext. = 0 Days.				

TITLE OF  
INVENTION GOSSYPOL FOR THE TREATMENT OF CANCER

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 1173-480P	514-682.000	P42	UTILITY	NO	\$1210.00	05/24/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE \*\*\*SEE ATTACHED SHEET\*\*\*

(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY) \*\*\*SEE ATTACHED SHEET\*\*\*

Please check the appropriate assignee category indicated below (will not be printed on the patent)

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(Authorized Signature)

(Date)

*Amy Salasche* Reg No 35,243

5/21/99

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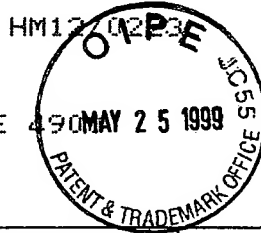
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